

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH HOSPITAL & HEALTH CENTER INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1907 W SYCAMORE ST KOKOMO, IN 46904		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This was a State hospital complaint investigation. Complaint: #IN00165354 Substantiated: State deficiency related to the allegations is cited. Facility Number: 005010 Survey Date: 05/14/2015 QA: cjl 05/28/15	S 000		
S1316	410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING 410 IAC 15-1.5-10 (e)(2) (e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that: (2) is initiated in a timely manner within time frames as established by written hospital policy; This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure the discharge care for 1 of 3 patients (N1) discharged from the Progressive Care Unit (PCU) was provided according to the facility's policies and procedures. Findings included: 1. The facility policy "Discharge of	S1316		6/26/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S1316	<p>Continued From page 1</p> <p>Patient/Discharge Planning", last revised 03/2014, indicated, "The Registered Nurse will be responsible for the assessment, evaluation, and referral needs of the patient's discharge plan. ...the CM [Case Manager] will do the following: ...Inform patient, family, receiving facility, nursing staff and physician of completed arrangements. ...H. The RN [Registered Nurse] discharging patient will assess need for escort to dismissal door by a hospital associate or a designated volunteer, along with the mode of dismissal."</p> <p>2. Medical record N1 indicated the patient was admitted through the Emergency Department (ED) to the PCU on 12/30/14 because of nausea, vomiting, diarrhea, and abdominal pain due to ulcerative colitis. The patient progressed well with treatment. At 1112 hours on 12/31/14, the social worker, staff member #16, spoke with the family member, FM1, who requested a referral to [extended care facility] where the patient had been before. At 1304 hours on 12/31/14, staff member #16 documented that the patient would be accepted at the facility on 01/02/15, after the 3-night qualifying stay. The record lacked documentation that this was communicated to the patient and family or any further documentation regarding the discharge plans or arrangements.</p> <p>A discharge order for patient N1 was written at 1711 hours on 01/03/15 with all of the discharge/transfer paperwork completed by staff member #14, the nurse on the unit, at 1715. Documentation indicated report had been called to the receiving facility and the transfer envelope was given to the family/patient. Documentation by staff member #15, a PCT (Patient Care Tech), indicated the family took the patient to the ECF at 2045 hours on 01/03/15, but did not indicate a mode of dismissal.</p>	S1316		

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S1316	<p>Continued From page 2</p> <p>3. At 3:05 PM on 05/14/15, staff member #7, a nurse on PCU, was interviewed on the unit. He/she indicated the case manager usually arranged discharges to other facilities, but staff could make arrangements on the week-ends if necessary as well as transportation arrangements if the family was unable to take a patient. He/she indicated the PCT usually took the patients down for discharge, but nurses sometimes did it too.</p> <p>4. At 3:15 PM on 05/14/15, staff member #8, a nurse on PCU, was interviewed on the unit. He/she indicated the unit had a book to assist them in making discharge arrangements, but indicated usually it was done by the case manager. He/she indicated the PCT usually discharged the patient and a lot of the discharges were in the evenings. He/she indicated if a patient or family had a problem he/she could not resolve, he/she would call the supervisor.</p> <p>5. At 3:30 PM on 05/14/15, staff member #1, the Manager of Quality, and staff member #4, the Director of Inpatient Services, confirmed the lack of detailed discharge information by the social worker.</p>	S1316		